

IMPACT: Resource Family Evaluation Questionnaire



This Resource Family Evaluation consists of a detailed family history questionnaire, Mental Health Questionnaire, Stress Index, and Sensitive Issues Inventory. This confidential information is used as a part of your family assessment. There are no right or wrong answers. If you have any questions or concerns about any question, please contact your IMPACT leader or discuss it during your home consultation.

If you run out of space in answering a question, please feel free to add additional sheets.

FAMILY NAME:	
STREET LN 1:	
STREET LN 2:	
CITY:	
COUNTY:	
STATE:	
ZIP:	
PHONE:	
EMAIL ADDRESS (S):	

Heads of Household

NAME:	
AGE:	
DATE OF BIRTH:	
SEX:	
ETHNICITY:	
LANGUAGES SPOKEN:	
EDUCATION:	
OCCUPATION:	
MARITAL STATUS:	

IMPACT: Resource Family Evaluation Questionnaire

DATE MARRIED (If married)	
---------------------------	--

NAME:	
AGE:	
DATE OF BIRTH:	
SEX:	
ETHNICITY:	
LANGUAGES SPOKEN:	
EDUCATION:	
OCCUPATION:	

DATE MARRIED (If married)	
---------------------------	--

HOUSEHOLD ANNUAL INCOME:	
--------------------------	--

Other Household Members

NAME:	
AGE:	
DATE OF BIRTH	
SEX:	
ETHNICITY:	
EDUCATION:	
OCCUPATION:	
ROLE IN HOME:	

IMPACT: Resource Family Evaluation Questionnaire

NAME:	
AGE:	
DATE OF BIRTH	
SEX:	
ETHNICITY:	
EDUCATION:	
OCCUPATION:	
ROLE IN HOME:	

NAME:	
AGE:	
DATE OF BIRTH	
SEX:	
ETHNICITY:	
EDUCATION:	
OCCUPATION:	
ROLE IN HOME:	

NAME:	
AGE:	
DATE OF BIRTH	
SEX:	
ETHNICITY:	
EDUCATION:	
OCCUPATION:	
ROLE IN HOME:	

IMPACT: Resource Family Evaluation Questionnaire

Directions to Your Home

Employment

Mother's Occupation _____ Length of time employed _____

Name and address of Employer _____

Annual Income _____

List your last five employers and reason for leaving:

Father's Occupation _____ Length of time employed _____

Name and address of Employer _____

Annual Income _____

List your last five employers and reason for leaving:

Other Household Income _____

IMPACT: Resource Family Evaluation Questionnaire

Do you operate any home-based businesses? ☐ No ☐ Yes

(If yes, please describe and indicate if the business requires clients or customers to regularly visit the home.) _____

Do you have a child care license or provide family daycare, or plan to begin operations in the near future? ☐ No ☐ Yes

Are you a licensed Personal Care Home? ☐ No ☐ Yes

Household Environment

Give a description of your home (Include sleeping arrangements and physical description)?

[illegible]

IMPACT: Resource Family Evaluation Questionnaire

Do you have a fire extinguisher? ☐ Yes ☐ No How many? _____

How many working smoke alarms do you have, and where are they located?

Are there guns in the home? ☐ Yes ☐ No How many? _____

If yes, list location? _____

Where do you store medications? _____

Do you have a swimming pool? ☐ Yes ☐ No If yes, do you know how to swim? ☐ Yes ☐ No

Do you have pets? ☐ Yes ☐ No If yes, list name, type, and date of last vaccination.

Is your home on your county/city water and sewer system? ☐ Yes ☐ No

Is your home heated by an unvented fuel-fired heater (kerosene, wood-burning...)? ☐ Yes ☐ No

IMPACT: Resource Family Evaluation Questionnaire

Motivation

Why have you decided to become a foster and/or adoptive parent?

Family Well-Being

How would you describe your personality? Include five adjectives that you feel best describe you.

What are some areas of your life, or relationships or that you would like to improve? Explain.

How would you describe your best attributes?

As a child, who were your primary caregivers?

Describe the relationship you had as a child, with your primary caregivers.

IMPACT: Resource Family Evaluation Questionnaire

If your primary caregivers were your parents, were they married? How would you describe their relationship (married or not married), while you were growing up?

How would you describe your relationship with your mother while growing up?

How would you describe your relationship with your father while growing up?

What is your position among the children in your family?

_____ Only child or _____ child

Total number of children _____

How were you disciplined as a child?

Who was the primary disciplinarian in your family? _____

As a child did you ever feel abused or neglected by your caregiver?

☐ Yes ☐ No

As a child did you ever feel abused or neglected by anyone other than your caregiver?

☐ Yes ☐ No

How would you describe your childhood relationship with your siblings (If applicable)?

IMPACT: Resource Family Evaluation Questionnaire

How would you describe your pre-teen years? _____

How would you describe your teenage years?

Family Well-Being

Overall, how would you describe your childhood? _____

[illegible]

Family Interaction

How would you describe your current relationship with your parents?

IMPACT: Resource Family Evaluation Questionnaire

How would you describe your current relationship with your siblings?

Do you have a closer relationship to one of your siblings? ☐ Yes ☐ No
If yes, with whom? Why?

Do you have a distant relationship with any of your siblings? ☐ Yes ☐ No
If yes, why?

Are you in conflict with any of your siblings? ☐ Yes ☐ No
If yes, with whom? Why?

Is there another relative with whom you consider yourself extremely close? ☐ Yes ☐ No
If yes, with whom?

IMPACT: Resource Family Evaluation Questionnaire

Family Interaction

How would you describe your relationship with your extended family? _____

How supportive and helpful will your extended family be to you as a foster or adoptive parent?

Are members of your immediate and extended family accepting of an unrelated child? ☐ Yes ☐ No

Are there other people in your life, outside of family, who are willing and able to support you as a parent? ☐ Yes ☐ No

If yes, with whom?

Family Operations

Describe your family's rules and boundaries? (Include in your discussion expectations and responsibilities regarding division of labor, privacy, and nudity.)

IMPACT: Resource Family Evaluation Questionnaire

How is stress handled in your household? _____

Extended Family

Are other people residing in your home? _____

Describe their feelings about your decision to foster or adopt a child/children?

Describe their role with the child(ren) placed in your home?

Discuss your relationship with your neighbors? _____

How have people reacted to your desire to foster or adopt? _____

IMPACT: Resource Family Evaluation Questionnaire

Religion

What is your religious background? _____

How involved are you with your place of worship? _____

How would you manage a situation where the child(ren) placed in your home has religious practices and beliefs that differ from yours, including beliefs regarding medical treatment?

Would you be willing to take a child to the church of their choice? If yes, please explain.

IMPACT: Resource Family Evaluation Questionnaire

Please describe a typical schedule for your family during the week and weekends, beginning at 7:00 A.M. Please indicate what your childcare plan (day care or after-school and any preliminary providers) would be based upon the age of the child for whom you expect to provide care.

[illegible]

Do you have a valid State of Georgia Driver's license and proof of insurance? ☐ Yes ☐ No

If no, how do plan to transport the child in your care? _____

IMPACT: Resource Family Evaluation Questionnaire

Supporting the Child's needs regarding Birth Family

Birth Family Connection

Describe your feelings towards the birth family of a child who has been neglected and/or abused.

Could you support a child's feelings and relationship regarding their birth family including their siblings? ☐ Yes ☐ No

If yes, please explain.

What are your expectations concerning an ongoing relationship with the birth family?

Other significant relationships

How will you work with other significant people in a child's life to help maintain the relationship (i.e. teachers, friends, other foster parents)?

IMPACT: Resource Family Evaluation Questionnaire

Dealing with Separation and Loss

Please describe any significant losses in your personal life and how you have managed or resolved those events. For example, death of a relative, natural disaster, infertility, divorce, etc...

How do you think your own experiences with grief/loss will assist you in helping a foster or adoptive child experiencing grief/loss? _____

Describe what you would say to a child to assist them with managing their grief/loss.

How will you help a foster/adoptive child create a Life Book? _____

Ability to Parent children who have been Physically, Sexually Abused and/or Neglected Children

Tell us about your willingness, and ability to parent children who have been physically abused.

IMPACT: Resource Family Evaluation Questionnaire

Tell us about your willingness, and ability to parent children who have been sexually abused.

Tell us about your willingness, and ability to parent children who have been emotionally abused.

Tell us about your willingness, and ability to parent children who have been neglected.

Describe your strengths and additional training needs in parenting children who have experienced these traumas.

Child Management and Discipline

If a couple, who will be the primary caregiver? _____

Who is, or will be responsible for disciplining your foster/adoptive child(ren)?

IMPACT: Resource Family Evaluation Questionnaire

What types of discipline have you used, and under what circumstances?

Discuss previous childcare experiences. _____

Child Management and Discipline:

Tell us about your knowledge of child development. _____

How do you feel about the DFCS policy on child discipline? _____

IMPACT: Resource Family Evaluation Questionnaire

How do you plan to discipline within the guidelines set by DFCS? _____

How structured is your family? (Discuss schedules, regular meal times, bed times, and various responsibilities of family members.) _____

Partnerships

What are your expectations as a member of the DFCS team? _____

Tell us about your understanding regarding transportation of foster/adoptive children to appointments (School, DFCS, therapy, medical appointments...) _____

When are you available for home and office contacts with DFCS staff? _____

IMPACT: Resource Family Evaluation Questionnaire

Describe your needs as a member of the DFCS team. How can DFCS provide support to you as a foster or adoptive parent? _____

Continuing Education Plan

Resource parents are expected to complete a minimum of 10 hours of continuing education development annually. Your continuing education must begin 60 days after your approval as a resource parent. A continuing education plan will be developed to ensure that you have the opportunity to attend trainings that will be of interest and value to you.

Based upon your participation in IMPACT pre-service training, consultations, and your assessment of your abilities to parent foster/adoptive children, please indicate areas of need where you believe further development would be beneficial. Indicate why and what specific topics areas interest you.

Teambuilding: Working as an advocate for the foster/adoptive children in the school systems, medical, therapeutic appointments, panel reviews. Understanding your role in permanency planning, understanding the purpose of foster care/adoption and the child welfare continuum.

Family Systems and Abuse/Neglect: Understanding the dynamics of neglect and of physical, emotional and sexual abuse. Being able to recognize signs and symptoms of each. Understanding the reporting laws when abuse/neglect is suspected or known.

IMPACT: Resource Family Evaluation Questionnaire

Impact of Abuse/Neglect on Normal Child Development: Understanding of the stages, processes and milestones of normal physical, cognitive, social and emotional development from birth through adolescence. Understanding of the negative effects of child abuse/neglect on development. Can identify indicators of developmental delays or problems.

Attachment, Separation, and Placement: Understanding of the effects of separation for the child and able to help child manage feelings of sadness, loss, anxiety and anger. Understanding of the impact of multiple placements on a child's emotional well-being. Understanding of the emotional conflicts of children when faced with divided loyalties, and perceived abandonment.

Discipline: Understanding of the possible reasons children/teens display negative behavior. Understanding of the difference between control, punishment and discipline. Understanding of why physical punishment is detrimental to children who have experienced abuse/neglect. Understanding of the different methods of non-physical discipline. Understanding of the DFCS discipline policy.

Cultural Issues: Understanding of how one's own cultural perspective affects one's relationships with children and families. Understanding of the effects of culture on behavior.

IMPACT: Resource Family Evaluation Questionnaire

Child Sexual Abuse: Understanding of some dynamics of child sexual abuse. Understanding of characteristics of sexually abused children.

Desired Placement

Please indicate the description of the child (ren) you feel best fit to parent: (Check all that apply.)

Race

- | | |
|----------------------------------|----------------------------------------|
| <input type="checkbox"/> Black | <input type="checkbox"/> Mixed/Not Blk |
| <input type="checkbox"/> White | <input type="checkbox"/> Native Am |
| <input type="checkbox"/> Blk/Wt | <input type="checkbox"/> Indo China |
| <input type="checkbox"/> Blk/Oth | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Native Am |

Special Needs

- | | | | | | |
|------------------------------|-----------------------------|--------------------------------|------------------------------|-----------------------------|--------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Child mentally Ill | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Emotional/Behavioral Issues |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Neurological Difficulties | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Major Medical Problem |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Developmental Disabilities | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Mental Retardation |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sexual Abuse History | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Family History of Mental Illness |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Family History of Drug/Alcohol | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Family History of Mental Retardation |

Additional Comments:

IMPACT: Resource Family Evaluation Questionnaire

References

References - A minimum of three (3) character references – Interviews may be in person or by letter.

- One of the three references must be from an extended family member not residing in the home. Contact may be by letter or in person.
- If you have either served previously as a foster parent for another agency in Georgia or another state, and/or have been employed in a job involving the care of children, at least one reference must be from the former agency or employer.

NOTE: Birth children—*living in the home* are interviewed in regard to their reaction to their parent(s) fostering or adopting. Any birth children *living elsewhere* are interviewed for their reaction to parental adoption or fostering. Interviews for children living outside the home may be done in person, by telephone, or the individual may be required to submit a letter expressing feelings and/or reactions.

Please indicate below the names, addresses, phone numbers and relationships of your three references, plus your children not residing in your home.

Name	Relationship/ Years Known	Address	City/State/Zip	Phone

IMPACT: Resource Family Evaluation Questionnaire

Please describe any attributes, additional information, concerns or comments that were not captured in the questionnaire that will assist us in completing your family assessment.

[illegible]

Applicant Name _____ **Date** _____

Additional Information/Comments (Continued)

[illegible]

Couples Questionnaire

Couples Questionnaire

Couple applicants only should complete this section.

IMPACT: Resource Family Evaluation Questionnaire

Couples: (Married/domestic partners):

Please tell us how long did you know your current spouse/partner before you were married or established a domestic partner relationship? _____

How did you meet? _____

How would you describe your role in the relationship? _____

How would you describe your spouse/partner's role in the relationship? _____

Do you feel that you and your spouse/partner spend "sufficient" time together?

IMPACT: Resource Family Evaluation Questionnaire

Couples: (Married/domestic partners):

How often do you and your spouse/partner argue? _____

What are the areas of major disagreements? _____

How do you and your spouse/partner typically handle disagreement? _____

Have you and your spouse/partner ever gone through a difficult period that threatened your relationship? ☐ Yes ☐ No

Have you and your spouse/partner ever separated? ☐ Yes ☐ No

How would you describe your relationship with your spouse/partner's family? _____

How supportive and helpful will they be to you as you parent? _____

IMPACT: Resource Family Evaluation Questionnaire

Couples: (Married/domestic partners):

Are members of your spouse/ partner's immediate and extended family accepting of an unrelated child?

- ☐ Yes
☐ No

How do you think becoming a foster or adoptive parent will impact your current relationship with your spouse/partner? _____

What do you see as strengths in your relationship? _____

What do you see as weaknesses in your relationship with your partner?
Please explain.

IMPACT: Resource Family Evaluation Questionnaire

Couples with Children:

How would you describe your relationship with your child/children? _____

How would you describe your child/children? _____

Are parenting responsibilities shared? ☐ Yes ☐ No

If yes, how are decisions made regarding your child(ren)? _____

What major role do you have in parenting your child(ren)? _____

What major role does your spouse/partner have in parenting? _____

How is discipline handled? _____

How would you describe your child's feelings about another child coming into the home?

Single Applicant Questionnaire

Single Applicant Questionnaire

Single applicants only should complete this section.

IMPACT: Resource Family Evaluation Questionnaire

Single Applicant:

Describe your current situation as a single person (i.e., are you engaged, or are you dating someone now that may be involved in parenting responsibilities)?

If you are in a serious relationship, how long have you been in this relationship?

Have you recently ended a serious relationship? ☐ Yes ☐ No
If yes, how was this relationship ended or resolved?

Who are your previous significant relationships, and why do you identify them as such?

IMPACT: Resource Family Evaluation Questionnaire

Single Applicants with Children:

How would you describe your relationship with your child/children? _____

How would you describe your child/children? _____

Are parenting responsibilities shared? ☐ Yes ☐ No

If yes, how are decisions made regarding your child(ren)? _____

What major role do you have in parenting your child(ren)? _____

IMPACT: Resource Family Evaluation Questionnaire

Single Applicants with Children (Continued)

What major role does the non custodial parent have in parenting? _____

How is discipline handled (Forms of discipline)?

How would you describe your child's feelings about another child coming into the home?

Children in the Home

This section should be completed by children residing in the home.

IMPACT: Resource Family Evaluation Questionnaire

Children in the Home

If the child is unable to independently complete the questionnaire, the home evaluator may utilize the questions to structure the interview with the child.

Name: _____ Age: _____ Grade: _____

School: _____

How do you spend your free time? _____

What do you like most about your family's decision to foster/adopt a child? _____

What do you like least about your family's decision to foster/adopt? _____

Is the plan for you to share your room? ☐ Yes ☐ No

If yes, what are your feelings about sharing your room?

IMPACT: Resource Family Evaluation Questionnaire

Children in the Home (Continued)

How do you feel about sharing your parents? _____

How do you feel about sharing your toys, games, or other personal items?

What types of disciplines are used in your family?

What are some rules in the family? _____

What would you like to know about the foster/adoptive brother/sister who will come into your home?

How would you resolve conflicts with your foster/adoptive brother/sister?
